

**STLT Subcommittee**  
March 21, 2017      10 – 11:30 AM EDT  
**Conference Call Notes**

**Meeting Purpose:** (1) Set the context for work of STLT Subcommittee with updates on OSTLTS activities and CDC transition; (2) Discuss status and progress on think tank activities with goal of determining next action steps.

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**Attendance**

STLT Subcommittee Members: Nicole Alexander-Scott; Terry Allan; Jay Butler; Emi Chutaro; Mary Currier; Edward Ehlinger; Georgia Heise; Julie Morita; LaQuandra Nesbitt; John Wiesman; Wilma Wooten (Chairperson)

CDC Representatives (partial): Jose Montero (DFO); Judy Lipshutz (lead staff); Anne Schuchat (Acting CDC Director); Melanie Duckworth; Damion KILLSBACK; Pamela Meyer; Dagny Olivares; Chelsea Payne; Steve Reynolds; Craig Thomas; Liza Corso; Carmen Clelland; Annabelle Alison; Mark White; Georgia Moore; Andrea Young; Leandris Liburd; Ana Penman-Aguilar; Kate Agin; Karina Lifschitz; Kimberly Cantrell; Stacey Mattison; Sam Taveras; Meredith Parrado; Coretta Monroe (notes)

Others (partial): Jennifer Hadayia; Bradley Christ; NACCHO representative

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**Introductions/Disclosures/Meeting Purpose**

Chairperson Wilma Wooten opened the meeting and asked all members for disclosure of any member and/or agency affiliations. Members introduced themselves and no disclosures aside from CDC funding were noted. The purpose of the meeting was stated.

**State of OSTLTS**

Jose Montero, OSTLTS Director, shared that he appreciated the valuable voice from the field the STLT Subcommittee brings to both OSTLTS and to CDC. Although the new administration has not yet revealed its public health priorities, the new HHS Secretary, Dr. Thomas Price, had indicated his four priorities:

1. Mental Health
2. Opioid Abuse
3. Obesity (with a focus on children)
4. Health Transformation

Dr. Montero is interested in how CDC and the STLT Subcommittee can connect priorities from the field to CDC priorities. One challenge those in the field face is not fully knowing the CDC budget line items and budget authority as well as the CDC funding cycle and process. With the help of the Public Health Finance Think Tank, this subcommittee could have a deeper understanding of the federal fiscal process and identify ways to share and spread that knowledge to the field. With a more knowledgeable community, the subcommittee through the finance think tank, can provide advice to the CDC on communication strategies and funding approaches that are more consistent with the field administrative and programmatic realities.

Another area of interest is how CDC can most effectively provide technical assistance to STLTs. Better communication between CDC programs and the field is needed. In addition, CDC would benefit from a more complete understanding of what the needs in the field are and what CDC/OSTLTS could do to meet those needs in practical ways. The subcommittee has had the unique opportunity to be the external voice from the field and could continue to help inform CDC on their real needs and emerging trends.

Dr. Montero would like to expand the subcommittee's membership to ensure a more diverse group. However, not unlike some previous administration transition years, there is a hiring freeze across the federal government. This hiring freeze affects advisory groups whose members are classified as special government employees (SGEs)

Subcommittee members were encouraged to bring their most challenging ideas, questions, and concerns to the group and to Dr. Montero.

### **CDC Update**

Dr. Anne Schuchat, Acting CDC Director, thanked the subcommittee for their tireless work and gave a brief update on leadership transitions at CDC. Dr. Schuchat shared that she had been at CDC in some capacity for almost 20 years and appreciated serving in the current role of Acting CDC Director. Others serving in temporary roles included

- Patricia Simone, MD, as acting CDC Principal Deputy Director
- Sarah Wiley, MPH, as acting Chief of Staff
- Kristin Pope, MEd, as acting Deputy Chief of Staff
- Patricia Griffin, MD, as acting Associate Director for Science
- Von Nguyen, MD, MPH, as acting Associate Director for Policy
- Karyn Richman, MPA, as acting Director of the CDC Washington Office

During the previous week, the new administration released a high level version of the budget. Dr. Schuchat reminded the group that this initial version was only the first step in a long process of the budget cycle. Although CDC did expect new policies and new directives to come forth, CDC should continue with their strong body of work. Dr. Schuchat acknowledged that there was a lot of uncertainty in the public health arena and, although she didn't have any additional information to share, CDC would keep everyone informed as news developed.

The next in-person meeting of the Advisory Committee to the CDC Director (ACD) is scheduled for Thursday, April 20, 2017.

### **Think Tank Reports**

#### Social Determinants of Health

Chairperson Julie Morita gave a brief overview of the current work and recommendations of the Social Determinants of Health (SDOH) Think Tank. Examples of CDC SDOH-specific work that has gotten support and encouragement from SDOH think tank include:

- Exploring and promoting non-health data sources (available via [CDC SDOH website](#))
- Building the capacity of social determinants works and figuring out what that means for STLTs at various levels
- Maintaining the variety of tools and products that have been developed at CDC (not just putting them on the [SDOH website](#)) like "[Ten Essential Public Health Services and How They Can Include Addressing Social Determinants of Health Inequities](#)," the [High Impact 5 \(HI 5\) website](#), etc.
- Continuing with the CDC journal club "Conversations with Authors" to help integrate SDOH into the fabric of programmatic processes at CDC (bi-monthly discussions of CDC authored peer-review journal articles)
- Initial engagement of the Public Health Law Program since much of their work is framed in SDOH and they were looking to develop a more formal SDOH framework

The think tank recognized that there was some SDOH work that could overlap with the Health Disparities Subcommittee, which is another ACD subcommittee. With the uncertainty of some public health programs in the current political environment, it was important to the think tank to emphasize that health inequity and social determinants of health work should continue. In collaboration with the Health Disparities Subcommittee, the think

tank (representing interests of the STLT Subcommittee) plans to draft some appropriate form of communication aimed at urging the new administration to continue current SDOH work at CDC. The think tank is cognizant of the importance of trying to align SDOH priorities with the new administration's public health priorities once they have been revealed. Wilma Wooten is on both subcommittees and will serve as a liaison.

Wilma Wooten requested a vote be taken on the action item.

Action Item: Representatives from the Social Determinants of Health Think Tank should represent the STLT Subcommittee and work with Health Disparities Subcommittee representatives to develop appropriate communication for the new administration that urges support and continuation of work addressing social determinants of health and health inequity. The timing of releasing the communication would be determined at a later date. Said document will be vetted for approval by both Subcommittees prior to submitting to the ACD.

The motion carried. Julie Morita, Umair Shah, and Wilma Wooten will represent the STLT Subcommittee in this ad hoc group

#### Public Health Finance Think Tank

Chairperson John Wiesman gave a brief overview of the current work and recommendations of the Public Health Finance Think Tank. The think tank had been on a hiatus since last fall in anticipation of the administration transition, but the group recently reconvened. He acknowledged past and current recommendations and activities of the Finance Think Tank, including monitoring the costs and financial resources related to foundational services and strengthening the accountability of the PHHS Block Grant. He said that he was with the ASTHO Executive Committee at meetings in DC recently, which included meeting with the Office of Management and Budget (OMB). He said that OMB gave a special shout-out to the work CDC and OSTLTS has done in improving the transparency and accountability of OSTLTS' management of the PHHS Block Grant. This work was related to a past think tank recommendation. He mentioned another recommendation of the think tank – related to establishing an emergency fund for public health – and noted that it is very encouraging to see it included in the new administration's budget.

The Finance Think Tank would like to expand their membership to include other subject matter experts and perspectives to ensure a more robust dialogue. The group requests the subcommittee's permission to solicit recommendations for additional members outside the subcommittee or from within it, depending on interest.

The think tank would like to continue their current work under the existing charge but with a stronger emphasis on providing timely input and feedback to OSTLTS and CDC for identifying and addressing chronic and emerging public health finance issues, challenges, and opportunities. Rather than focus on "what", the think tank should push to consider practical and pragmatic suggestions for "how" (e.g., rather than discussing the need for flexible funding, dive into possible ways to accomplish this.) This may require more in-depth education or orientation to the Think Tank (and possibly the STLT Subcommittee) about understanding the budget and appropriations structures and the constraints that may relate to funding from CDC. The finance think tank plans to schedule a learning session on budget/appropriations and will invite other STLT Subcommittee members to attend if interested. The think tank would like to pursue two topics of interest for CY 17 – 18:

1. Identify and discuss public health funding strategies that maximize the flexibility in funding at the state and local levels while retaining transparency and accountability for greater health impact.
2. Determine methods or recommendations for maximizing reach of public health funding to all levels and agencies (including to individual locals and tribes), without spreading funds too thinly or replicating efforts.

Wilma Wooten requested a vote be taken on action items.

Action Item: The Public Health Finance Think Tank will solicit recommendations for new members and then seat them on the PH finance think tank, including people outside of the STLT Subcommittee.

The motion carried.

The Public Health Finance Think Tank would like to submit the two areas of interest to the subcommittee for approval: (1) Investigate strategies to maximize funding flexibility at the state and local levels while maintaining transparency and accountability; (2) Determine methods to maximize funding reach to all levels and agencies, without spreading funds too thinly or replicating efforts.

It was determined that no formal vote is needed but all agreed these items are appropriate directions.

If anyone has additional suggestions for how the think tank could begin working on the stated future goals, they could email John Wiesman ([jmwiesman@doh.wa.gov](mailto:jmwiesman@doh.wa.gov)) and/or Craig Thomas ([cht2@cdc.gov](mailto:cht2@cdc.gov)). STLT Subcommittee members should expect an email soliciting ideas for new membership.

#### Public Health Surveillance Think Tank

Chairperson Terry Allan gave a brief overview of the current work and recommendations of the Public Health Surveillance Think Tank. A collaborative partnership among the CDC, state and local health agencies, medical examiners, health care providers and others would be needed to build and maintain the data infrastructure for electronic case reporting. This information infrastructure will require dedicated public and private resources to assure that all partners can maintain the ever-evolving bi-directional technology backbone.

Because of the recommendations adopted by the STLT Subcommittee, significant progress has been made at the national level.

Nine STLT Subcommittee recommendations have:

- Prompted improvement in how data are shared
- Helped process of reducing inefficiencies and redundancies
- Supported importance of developing funding strategy that can strengthen connectivity in STLT HDs for rapid response to health threats

The progress to date include:

- National Vital Statistics System – improved speed of transferring mortality records (e.g., 50% of states transferred mortality records to NCHS within 10 days in 2015 to 12% of states in 2012)
- National Notifiable Diseases Surveillance System (NNDSS) Modernization Initiative – upgraded data practices and software to allow all relevant data to flow efficiently through one portal for STLT agencies
- CDC/RWJ are leading the partnership on the [Digital Bridge](#) with healthcare, EHR developers and STLT agencies on an interoperable, multi-jurisdictional approach to eCR.
- CDC reducing unnecessary diversity in surveillance data and improving data standards and harmonization through a platform of shared services through the Surveillance Data Platform (SDP)

The return on investment for eCR and EHR includes:

- More timely recognition, evaluation, and control of disease events
- Reduced burden on healthcare providers, STLT agencies, and CDC programs
- Improved population health in addressing infectious and non-communicable diseases (e.g., chronic conditions, injuries and environmental health)

However, the challenges facing eCR and EHR adoption by STLT public health departments encompass:

- Varying levels of readiness
  - Many local health departments were still using paper reports or internet-based entries to send data to state public health departments
  - Data reports are often slow or incomplete, which place extra burden on healthcare and public health agencies
- STLT public health departments need to improve informatics infrastructure & capacity to effectively participate in a bi-directional information exchange

The Public Health Informatics Institute scheduled an upcoming “Digital Bridge” Webinar for March 24<sup>th</sup>. Registration information will be shared with the group.

The Surveillance Think Tank crafted a recommendation proposal for the STLT Subcommittee to consider for ACD adoption:

“CDC should develop an analysis of the costs of maintaining the national public health information infrastructure and, based upon that analysis, prepare a comprehensive strategy for developing, governing and maintaining local, state and federal participation in the system for the coming decade.

This strategy should reflect the principles of the Digital Bridge, a public-private partnership, along with the staff, training, and technical resources required to enable STLT partners to focus on completing the national informatics framework for bidirectional information exchange between healthcare and public health. “

John Wiesman shared that when OSTLTS was meeting with OMB, he raised the issue of surveillance systems and the need to have a common platform. So, this work progress was encouraging. A suggestion was made to add “modernizing and” before the word “maintaining” in the first sentence with since STLT information systems in many places are not worth maintaining in their present condition and should be updated.

A suggestion to add territorial and tribal health agencies was suggested and accepted as a friendly amendment.

The latter part of the sentence would now read “... modernizing and maintaining STLT and federal participation in the system for the coming decade.”

Action Item: The Public Health Surveillance Think Tank would like to submit the following recommendation for adoption by the ACD:

*“CDC should develop an analysis of the costs of modernizing and maintaining the national public health information infrastructure and, based upon that analysis, prepare a comprehensive strategy for developing, governing and maintaining STLT and federal participation in the system for the coming decade. This strategy should reflect the principles of the Digital Bridge, a public-private partnership, along with the staff, training, and technical resources required to enable STLT partners to focus on completing the national informatics framework for bidirectional information exchange between healthcare and public health.”*

The motion carried.

#### **Public Comment**

The phone lines were opened for public comment and questions. There were no comments offered.

## Summary: Meeting Action Steps

SDOH Action Item: Social Determinants of Health Think Tank would craft a communication with the Health Disparities Subcommittee for the new administration urging support and continuation of work addressing SDOH and health inequity. Feedback with the full STLT Subcommittee will be sought via email and potentially proposed at the 4/20 ACD meeting. Outcomes of this meeting are expected to generate a joint recommendation to the ACD.

Finance Action Item: Will solicit recommendations for new members in and outside of the STLT Subcommittee membership.

Finance Action Item: Will explore 2 focus area goals in its deliberations: (1) Investigate strategies that would maximize funding flexibility at the state and local level while retaining transparency and accountability for greater health impact.; (2) Determine methods or recommendations to maximize reach of public health funding

Finance Action Item: Will figure out best way to educate STLT Subcommittee members who are interested in learning more about ins and outs of federal budget and appropriations. A special time for educating the STLT Subcommittee on this topic will be set up.

Surveillance Action Item: Submit the following recommendation for adoption by the ACD: “CDC should develop an analysis of the costs of modernizing and maintaining the national public health information infrastructure and, based upon that analysis, prepare a comprehensive strategy for developing, governing and maintaining STLT and federal participation in the system for the coming decade. This strategy should reflect the principles of the Digital Bridge, a public-private partnership, along with the staff, training, and technical resources required to enable STLT partners to focus on completing the national informatics framework for bidirectional information exchange between healthcare and public health.”

### Other follow-up

The ACD meeting is scheduled to meet on April 20<sup>th</sup>. Because this meeting will be the last STLT Subcommittee meeting before the ACD meeting, any matters that needed to go forward to the ACD (joint statement on health equity work and the above stated recommendations) would need to be presented during that ACD meeting.

If subcommittee members had any additional thoughts about relevant work the group may consider, those suggestions could be emailed to Wilma Wooten and/or Judy Lipshutz.

- Jose Montero reminded the group that the subcommittee’s objective is to provide informal feedback/suggestions as well as formal recommendations to the CDC Director. Such advice is incorporated into the everyday work of CDC programs.

The Health Disparities Subcommittee will meet in person on April 19<sup>th</sup> in Atlanta from 8 AM – 4:30 PM. STLT Subcommittee members are welcome to attend via phone or in person. The draft agenda could be shared by Leandris Liburd if anyone was interested.

The in-person STLT Subcommittee meeting is scheduled for August 11<sup>th</sup> in Atlanta.

*Notes: Coretta Monroe*